



41 2644

S/N 09/815,386

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	WITTY ET AL.	Examiner:	SINGH, R.
Serial No.:	09/815,386	Group Art Unit:	2644
Filed:	MARCH 22, 2001	Docket No.:	2316.1465US01
Title:	INSULATION STRIP FOR A POTS SPLITTER CARD		

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited in the United States Postal Service, as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, Mail Stop Amendment, P.O. Box 1450, Alexandria, VA 22313-1450 on October 14, 2004.

By:

Name:

[Signature]
SHERRY LUNDSEN

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

OCT 22 2004

Technology Center 2600

Dear Sir:

In response to the Office Action mailed July 16, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

10/20/2004 HLE333 00000012 09815386

01 FC:1201
02 FC:1202

176.00 OP
36.00 OP

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: WITTY ET AL. Examiner: SINGH, R.
 Serial No.: 09/815,386 Group Art Unit: 2644
 Filed: MARCH 22, 2001 Docket: 2316.1465US01
 Confirmation No.: 3930
 Due Date: OCTOBER 16, 2004
 Title: INSULATION STRIP FOR A POTS SPLITTER CARD

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By:

Name:

[Signature]
 SHERRY LUMSDEN

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

23552

PATENT TRADEMARK OFFICE

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet in duplicate containing Certificate of Mailing
- ☒ Amendment
- The fee has been calculated as shown below in the "Claims as Amended" table
- ☒ Check(s) in the amount of \$212.00 for additional claims fees.
- ☒ Return postcard

CLAIMS AS AMENDED

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
33	-	31	=	2	x	18.00	=	\$36.00
Independent Claims								
6	-	4	=	2	x	88.00	=	\$176.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								212.00

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C.
 P.O. Box 2903, Minneapolis, MN 55402-0903
 612.332.5300

By:

Name: Karen A. Fitzsimmons

Reg. No.: 50,470

KAF/JEL:sl